

<b>Case Number:</b>	CM15-0177009		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	12/28/2007
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 70 year old female with an industrial injury dated 12-28-2007. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder periscapular muscle strain with attendant impingement and bursitis, lumbosacral musculoligamentous sprain and strain with attendant right lower extremity radiculitis and right sacroiliac (SI) joint sprain, cervical musculoligamentous with muscle contraction headaches, thoracic musculoligamentous sprain and strain, bilateral elbow medial and lateral epicondylitis, bilateral forearm and wrist flexor and extensor tenosynovitis, right hip contusion sprain, Treatment has included Magnetic Resonance Imaging (MRI) of right shoulder on 6-9-2012, Magnetic Resonance Imaging (MRI) of the lumbar spine on 06-25-2012, Magnetic Resonance Imaging (MRI) of the cervical spine on 6-25-2012, Electromyography (EMG) and Nerve conduction velocity (NCV) of the bilateral lower extremities on 07-30-2012, right wrist surgery on 1-17-2008, prescribed medications, home exercise program and periodic follow up visits. Medical records (02-07-2015 to 6-24-2015) indicate ongoing complaints of chronic pain. Records (02-07-2015) also indicate that the injured worker rated pain a 8 out of 10, at worst a 9 and at best a 3 out of 10. According to the progress note dated 6-24-2015, the injured worker reported neck pain associated with headaches; right shoulder pain and weakness with limited range of motion; left shoulder pain; bilateral elbow, forearm, wrist, hand pain, ride side greater than left; mid and low back pain radiating to the right leg; right hip pain; depression and stress associated with insomnia; and gastrointestinal upset. Objective findings revealed slight tenderness to palpitation with muscle guarding over the cervical paraspinal musculature and

upper trapezius muscles, right greater than left. Cervical spine exam also revealed tenderness over the suboccipital region. The range of motion of cervical spine was 40 degrees flexion, 50 degrees extension, 35 degrees right side bended, 37 degrees left side bending, 65 degrees right rotation and left rotation. Thoracolumbar spine revealed tenderness to palpitation over the thoracic and lumbar paravertebral musculature, tenderness over lumbosacral junction, right sacroiliac (SI) joint and right sacroiliac notch and positive straight leg raises. The lumbar range of motion was 45 degrees flexion, 10 degrees extension, 12 degrees right side bended, and 12 degrees left side bending. Tenderness with guarding was noted in bilateral shoulders. Bilateral elbow exam revealed tenderness to palpitation. Slight atrophy was noted in the right hand. Right hip exam revealed tenderness to palpitation. The treatment plan included diagnostic studies and medical equipment. The treating physician prescribed services for Interferential muscle stimulator rental x 30 days, now under review. The original utilization review determination (08-13-2015) denied the request for Interferential muscle stimulator rental x 30 days.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Interferential muscle stimulator rental x 30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - Interferential therapy, Official Disability Guidelines (ODG), Pain Chapter - Interferential current stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** MTUS recommends interferential stimulation as an option in specific clinical situation after first-line treatment has failed. Examples of situations where MTUS supports interferential stimulation include where pain is ineffectively controlled due to diminished effectiveness of medication or medication side effects or history of substance abuse. The records do not document such a rationale or alternate rationale as to why interferential stimulation would be indicated rather than first-line treatment. Therefore this request is not medically necessary.